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701162

To Whom It May Concern:

JAN 12 1976

I, _____ (name) _____ y and state) _____, do
being the next of kin of _____ (name) _____, do
hereby authorize the disinterment and examination of the remains of my
late _____ (relationship) _____ (name) _____, under
the direction of the Center for Human Radiobiology of the Argonne National
Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its
scientific successors, such disinterment and examination to be for the
purposes of advancing medical and scientific research and education. I
authorize the transportation of said remains to Argonne National Laboratory
for the purpose of carrying out such examination and to retain such bone
specimens as the scientific personnel may deem fit. Following examination,
the remains will be returned for reinterment. The grave site will be restored
to its original condition after disinterment and again after reinterment. All
the above procedures will be accomplished at no cost to me.

Signature _____

Address _____ City, _____ State _____

Date January 3, 1976

Witness:

8004028
Name _____

35 Lyline Ln. DANBURY, Conn
Address _____ City, _____ State 06810